

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

Page 1 of 3

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>2</u>	<u>5/15/2014</u>	<u>CIRCLE K</u>
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	<u>10:00 am</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>17000 2864</u>	<u>SOUTH PACIFIC PETROLEUM CORPORATION</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RETAIL</u>				<u>8</u>	<u>544-7662</u>
No. of Risk Factor/Intervention Violations				<u>0</u>	RISK CATEGORY
No. of Repeat Risk Factor/Intervention Violations				<u>N/A</u>	<u>2</u>
LOCATION (Address)					
<u>LUT 1380-2-REM 1380-1 &amp; 1391 1380-2-A AMTGA GUAM</u>					

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input checked="" type="checkbox"/> N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6

Compliance Status				COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input checked="" type="checkbox"/> N/O	Proper cooling time and temperatures	6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input checked="" type="checkbox"/> N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	<input type="checkbox"/> N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27		Pasteurized eggs used where required				1
28		Water and ice from approved source				2
29		Variance obtained for specialized processing methods				1
<b>Food Temperature Control</b>						
30		Proper cooling methods used; adequate equipment for temperature control				1
31		Plant food properly cooked for hot holding				1
32		Approved thawing methods used				1
33		Thermometer provided and accurate				1
<b>Food Identification</b>						
34		Food properly labeled; original container				1
<b>Prevention of Food Contamination</b>						
35		Insects, rodents, and animals not present				2
36		Contamination prevented during food preparation, storage & display				1
37		Personal cleanliness				1
38		Wiping cloths: properly used and stored				1
39		Washing fruits and vegetables				1

Compliance Status				COS	R	PTS
<b>Proper Use of Utensils</b>						
40		In-use utensils: properly stored				1
41		Utensils, equipment and linens: properly stored, dried, handled				1
42		Single-use/single-service articles: properly stored, used				1
43		Gloves used properly				1
<b>Utensils, Equipment and Vending</b>						
44	<input checked="" type="checkbox"/> X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				1
45	<input checked="" type="checkbox"/> X	Warewashing facilities: installed, maintained, used; test strips				1
46		Nonfood-contact surfaces clean				1
<b>Physical Facilities</b>						
47		Hot & cold water available, adequate pressure				2
48		Plumbing installed; proper backflow devices				2
49		Sewage and wastewater properly disposed				2
50		Toilet facilities: properly constructed, supplied, & cleaned				2
51		Garbage/refuse properly disposed; facilities maintained				2
52		Physical facilities installed, maintained, and clean				1
53		Adequate ventilation and lighting; designated areas use				1
<b>Documents and Placards</b>						
54		Sanitary Permit, Health Certificates valid and posted				2

I have read and understand the above violation(s), and am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 5/15/14

Follow-up (Circle one): YES NO

Follow-up Date: 6/15/14

SOUTH PACIFIC PETROLEUM CORPORATION

**Yellow: Food Establishment**

ESTABLISHMENT NAME CIRCLE K		LOCATION (Address) LOT 1380-2-REM 1380-1 & 1381 1380-2-A ANILUA, GUAM
INSPECTION DATE 5/15/18	SANITARY PERMIT NO. 170002864	PERMIT HOLDER SOUTH PACIFIC PETROLEUM CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

#44	CARDBOARD BEING USED AS SHELVING. ALL FOOD & NON FOOD CONTACT SURFACES SHALL BE SMOOTH & NON-ABSORBENT TO ALLOW FOR PROPER CLEANING.	
#45	NO CHEMICAL TEST STRIPS PROVIDED. TEST STRIPS SHALL BE PROVIDED TO MONITOR PROPER SANITIZER CONCENTRATION.  PHOTOS WERE TAKEN  A PLACARD No. 02560 ISSUED  BRIEFED PIC ON ABOVE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Date: \_\_\_\_\_

DEH Inspector (Print and Sign)

Date: \_\_\_\_\_